



Claims handled by: **Specialty Risk Services**
P.O. Box 22700, Denver, CO 80222 • Tel# (800) 829-7985 • Fax# (303) 645-8637

AUTHORIZATION FOR MEDICAL OR HOSPITAL TREATMENT

Please render necessary medical treatment to the bearer

Name of Employee _____

Name of Employer _____

Sub-Contractor Policy Number _____

Date of Injury _____

ALL WORKERS ARE DRUG SCREENED POST ACCIDENT

MODIFIED DUTY WORK IS AVAILABLE

Please forward any/all medical notes/report to:

**Specialty Risk Services, LLC
P.O. Box 22700
Denver, CO 80222**

Please reference: UDOT I-15 CORE Project on all correspondence

Questions regarding claims should be directed to:

**Sue Hill – Medical Only Handler (303) 645-8637
Or
Catherine Crocker – Lost Time Handler (405) 782-7438**